

FOR STATE USE ONLY

FOR APP RECD

INSTRUCTIONS: TYPE or PRINT CLEARLY in ink. Complete the "Current Certification Information" section below and only the section(s) you wish to request or report a change. The form must be signed by an authorized owner/officer. You may fax this completed form to (916) 375-4950, or mail it to our office at the above address.

YOU MAY SELF-UPDATE THE FOLLOWING INFORMATION ONLINE:

- Mailing Address
- Contact Information
- Principal Office Address
- Keywords
- Service Areas

(Your online profile logon information and instructions were included with your original certification approval letter. You do not have to submit this form to our office if you update your profile online. Please contact our office if you need assistance.)

YOU MAY SUBMIT THIS FORM TO HAVE THE FOLLOWING CHANGES MANUALLY UPDATED BY THE OSDC:

- Business Name
- Mailing Address
- Principal Office Address
- Contact Information
- Owner's/Officer's Home Address
- Standard Industrial Classification (SIC) Codes
- Keywords
- Service Areas *(Where your firm is able to do business)*
- Add Construction Business Type and Update Contractors License Classification Codes
- Request to Terminate Your Certification
- To add Service, Non-Manufacturer, or Manufacturer to your certification, please contact our office as noted above.

YOU MUST COMPLETE A NEW CERTIFICATION APPLICATION IF YOU HAVE THE FOLLOWING CHANGES:

- An expired or revoked certification
- A change in ownership
- A business structure change to a Sole Proprietorship, Partnership, Corporation, Limited Liability Company, Limited Liability Partnership, or Joint Venture
- A request to add small business or DVBE certification to your existing status
- The acquisition of a new affiliate *(This applies only to currently certified small businesses)*

CURRENT CERTIFICATION INFORMATION (REQUIRED)

BUSINESS NAME (CURRENTLY CERTIFIED UNDER)	REF # (FROM YOUR CERTIFICATION LETTER)		
MAILING ADDRESS (OLD—STREET ADDRESS OR P.O. BOX)	CITY	STATE	ZIP CODE
MY FIRM IS CURRENTLY CERTIFIED AS A: (CHECK ONE OR BOTH)			
<input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> DISABLED VETERAN BUSINESS ENTERPRISE (DVBE)			

A. NEW BUSINESS INFORMATION

BUSINESS NAME				
MAILING ADDRESS		CITY	STATE	ZIP CODE
PRINCIPAL OFFICE PHYSICAL LOCATION (STREET ADDRESS ONLY—NO P.O. BOX)		CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	INTERNET HOMEPAGE ADDRESS	

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ACTION TAKEN/RESULTS	CO INITIALS	DATE
ADDITIONAL COMMENTS		

C. OWNER’S/OFFICER’S NEW HOME ADDRESS (IF YOUR BUSINESS HAD AN OWNERSHIP CHANGE, YOU MUST COMPLETE A NEW APPLICATION)

OWNER’S/OFFICER’S NAME	NEW HOME ADDRESS	CITY	STATE	ZIP CODE

D. NEW SIC CODES

Enter the 4-digit Standard Industrial Classification (SIC) Code(s) you wish to add or delete from your certification profile. For a complete list of SIC codes, visit our website at www.pd.dgs.ca.gov/smbus or call (916) 375-4940.

ADD

DELETE

E. NEW KEYWORDS

Enter the keywords in your specific certification category that best describe your business specialty to help others better locate you when using our online Certified Firm search engine. (250-character maximum per category, including spaces.)

SERVICE

PRODUCTS

CONSTRUCTION

F. ADD CONSTRUCTION BUSINESS TYPE AND/OR UPDATE CONTRACTORS LICENSE CLASSIFICATION CODES (CONSTRUCTION FIRMS ONLY)

Enter your contractor’s license number and the classification codes you are adding or deleting from your certification.

CONTRACTORS LICENSE NUMBER	ADD CLASSIFICATION CODES	DELETE CLASSIFICATION CODES

G. REQUEST TO TERMINATE CERTIFICATION

TERMINATE MY CERTIFICATION: (CHECK ONE OR BOTH)

☐ Small Business

☐ DVBE

REASON(S):

☐ No longer in business

☐ Owner deceased

☐ Did not use certification

☐ Other

☐ Certification did not help my business

H. AUTHORIZING SIGNATURE (REQUIRED)

The signatory of this document must be the certified firm’s owner (or officer in the case of a corporation) and as such, hereby certifies under penalty of perjury under the laws of the State of California that all information provided herein is truthful and accurate.

OWNER’S/OFFICER’S SIGNATURE	DATE